PRINTED: 10/31/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6000293 09/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE **GENERATIONS AT PEORIA PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of 8/24/19/IL115257 investigation Complaint Investigation 1926281/IL115189 1926577/IL115516 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Attachment A Nursing and Personal Care

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

b) The facility shall provide the necessary care

and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

Electronically Signed

TITLE

**Statement of Licensure Violations** 

(X6) DATE 10/04/19

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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\$9999	plan. Adequate and care and personal or resident to meet the care needs of the red) Pursuant to subscare shall include, and shall be practice seven-day-a-week of the red of a facility resident red of a facility resident.  These regulations we for one (R1) of three abuse in a sample R1 being sexually a professional emotion.  The facility's Abuse 11/28/16 document prohibits mistreatm misappropriation regidents by: Establements of the residents by: Establements and professional emotions are residents by: Establements are residents and professional emotions are residents and profess	I properly supervised nursing care shall be provided to each e total nursing and personal esident.  Section (a), general nursing at a minimum, the following sed on a 24-hour, basis:  Secautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision revent accidents.  Abuse and Neglect see, administrator, employee a shall not abuse or neglect a liver not met as evidence by:  and record review the facility esident was free from abuse e residents reviewed for of eight. This failure resulted in assaulted and receiving	\$9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			c	
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/5/ AL 105	CUMMARY STA	PEORIA, I		PROVIDERIS BLAN OF CORDS	OTION		
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	and prevention of necommitted to prote abuse, neglect, experiments and mistre but not limited to, faconsultants, volunt providing services members or legal gindividual."	nistreatment. The facility is cting our residents from ploitation, misappropriation of eatment by anyone including acility staff, other residents, eers, staff from other agencies to the individual, family guardians, friends or any other PM R1 stated, "I was asleep					
	and woke up to a n with me. I sort of po- continued to have s parts. I have seen to remember who he have not seen him	nan on top of me having sex ushed the man but he sex with me in my private this man before but can't is. He is African American. I since. R1 denied anyone ever ng anything that made her					
	Assistant/CNA stathall 8/24/19. I put (I cleaned her up ar and put her in bed. She lays in bed like move. I went to lunback at 730 PM. M. Assistant/CNA) statem. I was on my elhers. She got done was done I said no When we got to (R. wasn't right. When (R1's) bed was monther blankets were them up and dropp wet and matted ac when I put her to be	AM, V3/Certified Nurses ed, "I was working on (R1's) R1) to bed about 630-645 PM. In the brushed her hair like always (R1) sleeps like a princess. It is you put her. She doesn't chabout 7:00 PM and came and V4 (Certified Nurses arted our rounds about 9:00 and of the hall and she was on a first and came and ask me if I was headed in (R1's) room. I's) room I knew something I turned on the light I noticed aved over sideways sort of and messy like someone balled and them on her. Her hair was ross her face. It wasn't like that ed. I lifted the corner of the torief was pulled down around					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE		
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OLIVEINA		PEORIA, I	L 61614			
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	her face was like signal pulled all the way unblotches on her right forehead. I stayed to get the nurse. When she had red marking they weren't there weren't there weren't there was wet in between black hairs or She was wet in between black hairs or She was wet in between black hairs or She was wet in between to many and slept through the sidents were in brown and slept through the sidents were well behaviors from any To my knowledge (relationship with an On 8/27/19 at 8:30 "So I was called Sa Practical Nurse/LP"	side was undone. The look on the was terrified. Her gown was prover her breast. I noticed red not side of her face and with (R1) and V4/CNA went to in the nurse examined (R1) to the nurse examined (R1's). We ween her legs. All the other ed during rounds. (R1's) to talk very loud when you talk it to the residents on that hall. R1) did not have any to the other residents."  AM, V1/Administrator stated, atturday night by V2/Licensed N and notified that (R1) was er blankets messy, her hair				
	wet and matted and her ankles, her go her groin. I told V2/	d her adult brief pulled down to wn pulled up with redness to //LPN to notify the (R1's) and police. I immediately				
	emergency room a We sent all (R1's) not touch anything, that weren't hers. I immediately started	R1). (R1) was sent to the local nd they obtained a rape kit. blankets and clothing, we did. There were black hairs on her der groin area was red. I d my investigation. V2/LPN				
	(R1's) roommate in resting comfortably nothing unusual. I from the hospital if hospital. (R1) told if	R1's) room at 8:00 PM to give nedications and said (R1) was a, fully covered and saw asked (R1) when she returned she knew why she went to the me because a man she had n top of her. She described				

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6000293 09/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5600 GLEN ELM DRIVE GENERATIONS AT PEORIA PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 him as a big African American man. She didn't know how he entered her room because she woke up to him on top of her. (R1) said she told him to stop but that he didn't say anything to her. (R1) said that he touched her, putting his private parts inside her private parts. There are only two ambulatory male residents on that hall, one is African American and the other Caucasian. I placed the African American male that resided on her hall on 1:1 with staff as I continued my investigation. The local police came and filed a report. They came on 8/26/19 and took a DNA sample from the two male staff members and the male resident on (R1's) hall. I removed (R1) off the locked unit when she returned from the hospital." On 8/28/19 at 1:45 PM V4/Certified Nurses Assistant/CNA stated, "I was helping V3/CNA on Saturday night while doing rounds. When we opened (R1's) door we noticed (R1's) bed was pushed kind of sideways. We knew something wasn't right. Her blankets looked like they were thrown on top of her and her hair was matted to her face and that's not how we put her to bed. (R1's) adult brief was undone on the right side and pulled down to her ankles. V3/CNA stayed with (R1) while I went to get V2/LPN. There were red blotches on (R1's) face and red marks and a cut on (R1's) groin area." On 8/28/19 at 2:10 PM V2/Licensed Practical Nurse/LPN stated, "Saturday night about 9:30 PM or so V4/Certified Nurses Assistant came and got me and said something was not right with (R1). When I went in (R1's) room it was not like it was when I was in there at about 8:00 PM to give her roommate medications. Her blankets were all

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messed up and her hair was wet and matted to her face. She had petechiae to the left side of her

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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GENERATIONS AT PEORIA 5600 GLEN ELM DRIVE PEORIA, IL 61614						
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	approximate 3 inch on her left thighs. Vanything. I immedia and notified her of a (R1's) state guardia and ambulance. (R when I came in the and only has one essee any male staff (R1) like this, and it was getting equipm seen or heard of arunit display any sex R1's Nursing Noted from a local hospital presents to the emassault. Patient has	brasion to her right groin es long. There were red marks Ve didn't want to touch ately called V1/Administrator our findings. I then called an, physician and local police at's) roommate was sleeping room. She is hard of hearing ye can can barely see. I didn't on the unit until after we found t was the housekeeper, he nent for the floors. I have never ny of the residents on (R1's) kual inappropriate behaviors."  d dated 8/25/19 at 5:11 AM al documents, "Patient (R1) ergency department for sexual s centimeter by 2.5 centimeter				
	posterior neck/shou centimeter rectang	of reddened skin noted to left ulder and 2 centimeter by 2.25 ular patch of light brown skin erior neck/shoulder.				
	dated 8/25/19 from "Erthema noted to white secretions no by assailant include	sinic Documentation Form the local hospital documents, bilateral labia and transparent oted in vagina. Methods used a grabbed/held down. when I tried to get up he would in.				
	8/25/19 documents seven day supply of Virus/HIV prophyla emergency room a	ders from a local hospital dated s, "Patient(R1) will be given a of Human Immunodeficiency ctic medications from the and a prescription for the of medication, for a total of 28 s."				

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